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25420C

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS

Application Number 10/585,538
Filing Date July 10, 2006
First Named Inventor Geel
Title FIBROUS VEIL IMPREGNATED...

INDICATION FORM

Art Unit

Examiner Name

Attorney Docket Number

## I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 22889 Practitioners associated with the Customer Number: ŌR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: Х The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country Telephone Email I<u>am</u>the: X Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) ട്വ്GNATURE of Applicant or Assignee of Record 2001 Signature Date Name Telephone Paul Geel Title and Company reus NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

This collection of information is required by \$7 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/585,538		
	Filing Date	July 10, 2006		
	First Named inventor	Ge@l		
	Title	FIBROUS VEIL IMPREGNATED		
	Art Unit	Unknown		
	Examiner Name	Unknown		
	Attorney Docket Number	25420C		

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:			· <b>-</b> ·	<u> </u>			
X Practitioners ass	socialed with the Customer Number:		2288	9			
OR				•			
Practitioner(s) n	Practitioner(s) named below:						
_	Name	Name Registration Number					
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as my/our attorney(s) o Trademark Office conn	or agent(s) to prosecute the application sected therewith.	identified above	e, and to tr	ansact all busines	ss in the U	nited States Patent and	
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Di	SIGNATURE of	Applicant or A	ssignee			1 ( ) ( ) ( ) ( )	
Signature Name	/(USTUS / ) "//	m_			Date	6 JAH ' CB	
Title and Company	ThomasS. Mill	er		[ ]:	elephone		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
signature is required, see  X *Total of	3 forms are submitted.						

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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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Application Number	10/505,530
Filing Date	July 10, 2006
First Named Inventor	Geel
Title	FIBROUS VEIL IMPREGNATED
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	25420C

I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:				•		
	ated with the Customer Number;		2288	9		
OR					****	
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as my/our attorney(e) or ag	ent(e) to prosecute the application	identified above.	and to t	ransact all busin	ess in the U	Inited States Patent and
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I am the:    X   Applicant/Inventor						
Assignes of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/95)						
SIGNATURE of Applicant or Assignee of Record						
Signature				_	Date	Felo or 2000
Name	Dirk Kran	endonk			Telephone	
Title and Company P	roduct Eugi	weer,	Ö	رياج س	C 04	m. nes
NOTE; Signatures of all the inventors of assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one algusture is required, see below.						
X *Total of3	forms are submitted.	·· <del>·</del>				

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